



INDUSTRIAL INSURANCE DISCRIMINATION COMPLAINT

Case Number (dept. use only)

Complainants' full name: (your full name)		Date of birth:		Date:	
Present address:		City:		State: Zip:	
Phone number:	Cell phone number:	Injury claim number:		Date of injury:	
Job title:	How long worked for employer?	Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you need an Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the native language that you speak?			
Business name:		Supervisor name:		Phone number:	
Address:		City:		State: Zip:	
Did you report your injury to the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and title of person you reported the injury?			
Date reported _____					
Date of alleged act of discrimination: _____		Action taken by Employer: _____			
Do you have an Attorney representing you with this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Attorney:		Phone number:	
Address:		City:		State: Zip:	
Are you still employed with this employer?		Was your employment terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No Date last worked _____		Date of termination: _____			
Are you presently on light duty/restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates from when to when: _____			
Are you released to work at this time?		Date you Returned to work:		Anticipated release for work date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full duty <input type="checkbox"/> Light duty					

Describe how you were discriminated against: (If you need more space to write, attach extra page(s)).

Why did the employer take this action (in your opinion)? (If you need more space to write, attach extra page(s)).

Have you filed your complaint with another agency?
☐ Yes ☐ No

If so, which agency have you contacted?

List the names, addresses and phone numbers of witnesses to the alleged acts of discrimination.

I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.

Date:

Print name:

Signature:

Mail completed form to: Department of Labor and Industries
Investigations
PO Box 44277
Olympia WA 98504-4277

Your rights are:

RCW 51.48.025 Retaliation by employer prohibited – Investigation - Remedies

1) No employer may discharge or in any manner discriminate against any employee because such employee has filed or communicated to the employer an intent to file a claim for compensation or exercise any rights provided under this title. However, nothing in this section prevents an employer from taking any action against a worker for other reasons including, but not limited to, the worker's failure to observe health or safety standards adopted by the employer, or the frequency or nature of the worker's job-related accidents.

2) Any employee who believes that he or she has been discharged or otherwise discriminated against by an employer in violation of this section may file a complaint with the director alleging discrimination within ninety days of the date of the alleged violation. Upon receipt of such complaint, the director shall cause an investigation to be made, as the director deems appropriate. Within ninety days of the receipt of a complaint filed under this section, the director shall notify the complainant of his or her determination. If upon such investigation, it is determined that this section has been violated, the director shall bring an action in the superior court of the county in which the violation is alleged to have occurred.

3) If the director determines that this section has not been violated, the employee may institute the action on his or her own behalf.

In any action brought under this section, the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and to order all appropriate relief including rehiring or reinstatement of the employee with back pay.